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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060629 (9)

1. Corporation Name

INPHYNET MEDICAL MANAGEMENT OF OHIO INC.

Principal Place of Business
1200 SO. PINE ISLAND ROAD
STE 600
PLANTATION FL 33324

Mailing Address
1200 SO. PINE ISLAND ROAD
STE 600
PLANTATION FL 33324-4460



3. Date Incorporated or Qualified
08/07/1995

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0607881

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
SUITE 250
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME FINDEISS, J C M.D.
STREET ADDRESS 1200 SO. PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME AROSTEGUI, MARTIN M.D.
STREET ADDRESS 1200 SO. PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Prado, Marta
2.3 STREET ADDRESS 1200 S. Pine Island Road
2.4 CITY-ST-ZIP Plantation, FL 33324

TITLE VD ☐ DELETE
NAME MCCLEARY, GEORGE W JR
STREET ADDRESS 1200 S PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL 33324

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME BLANFORD, MARY ANN
STREET ADDRESS 1200 S PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL 33324

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME PECK, DAVID
STREET ADDRESS 1200 S PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL 33324

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS ☒ DELETE
NAME WARLEN, NEESA K
STREET ADDRESS 1200 S PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL 33324

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME AS
6.3 STREET ADDRESS Pobgee, Tom
6.4 CITY-ST-ZIP 1200 S. Pine Island Road
Plantation, FL 33324

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Ann Blanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Blanford

2/13/97

(954) 475-1300

Date

Daytime Phone #

0284270

CR2E034 (9/96)